



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13412

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 194

1. PLACE OF DEATH:

HOWARD

County

RURAL - ELLICOTT CITY

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

COLUMBIA PIKE AT ELLIOTT

How long in hospital or institution?

3. (a) FULL NAME

JOHN WILLIAM CURTIS

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

CARRIE MOXLEY CURTIS

7. Birth date of deceased (mo., day, yr.)

April 16, 1869

6. (c) If alive, give age — years

8. AGE:

78

11

28

if less than one day
hrs. min.

9. Birthplace

STAFFORD Co., VIRGINIA

(Town, county, and state)

10. Usual occupation

RETIRED (FARMER)

11. Industry or business

UNKNOWN

FATHER

12. Name

UNKNOWN

MOTHER

13. Birthplace

UNKNOWN

14. Maiden name

UNKNOWN

15. Birthplace

UNKNOWN

16. Informant

HOWARD N. CURTIS

ELLICOTT CITY RFD

17. BURIAL

Date thereof April 14, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

DARNESTOWN PRESBYTERIAN

Location

CHURCH

18. Funeral director

W. REUBEN PUMPHREY

Address

BETHESDA, MD.

19. April 14, 1948

Mari A. Whetstone

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County

HOWARD

City or town RURAL - ELLICOTT CITY

(If outside city or town limits, write RURAL and give nearest town)

Street No. COLUMBIA PIKE AT ELLIOTT

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12, 1948, at 7:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3, 1948, to April 12, 1948

and that I last saw him alive on April 12, 1948

Immediate cause of death

Acute cardiac failure

Due to

Chronic myocarditis

Due to

arteriosclerotic heart disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

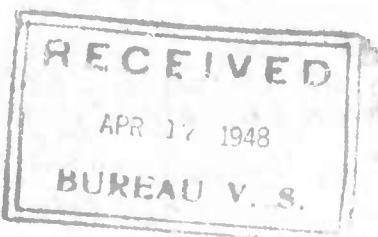
Injured at work?

23. SIGNATURE

Charles S. Whetstone, M.D.

M. D. or other

Address: Clarksville, Md. Date signed: 4-12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03943

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

PLEASE WRITE PLAINLY, WITH UNT'D INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

S-25-154

T

VS A15

1. PLACE OF DEATH:

Howard

County

Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter Fissell

(Walter S. Fissell)

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife Hattie T. nee Leonard

7. Birth date of deceased (mo., day, yr.)

October 8, 1875

8. (c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
72	6	4	hrs. min.

9. Birthplace Ellicott City, Howard co., Maryland

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

12. Name Ferdinand Fissell

13. Birthplace Unknown

14. Maiden name Elizabeth Shurdaimer

15. Birthplace Unknown

16. Informant Miss Leone Fissell

Address Ellicott City, Md.

17. Burial Date thereof April 14, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Ellicott City, Howard Co., Md.

18. Funeral director Charles E. Delosier

Address Ellicott City, Md.

19. April 13, 1948
(registrar)John B. Loughran
Per. B. E. S. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

Street No. College Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12 1948 at 12th A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1944 to April 12 1948
and that I last saw him alive on April 11 1948

Immediate cause of death

Cardiac arrest

DURATION

3 days

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

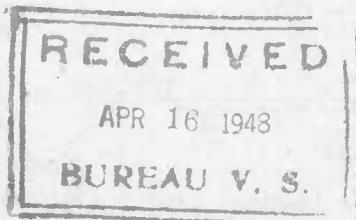
Injured at work?

23. SIGNATURE

John B. Loughran

M. D. or other

Address Ellicott City Date signed April 13, 1948



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 938 03944 193

1. PLACE OF DEATH:

County... **Howard**City or town... **Rural Mt. Airy**

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?...

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?...

3. (a) FULL NAME

J. Clarence Fleming

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6. (b) Name of husband or wife... **Katherine Fleming**7. Birth date of deceased (mo., day, yr.) **July 20, 1879**8. (c) If alive, give age **72** years

8. AGE: Years	Months	Days	If less than one day
68	8	19	hrs. min.

9. Birthplace... **Howard Co. Maryland**
(Town, county, and state)10. Usual occupation... **Farmer**11. Industry or business... **John J. Fleming**

12. Name	Maryland
13. Birthplace	Hannah Driver

14. Maiden name	Maryland
15. Birthplace	Maryland

16. Informant... **Mrs. Katherine Fleming**Address... **Mt. Airy, Md.**17. Burial... **Burial** Date thereof... **4-12-48**(Burial, cremation, or removal, which?) **Morgan Chapel** (month) (day) (year)Cemetery or crematory... **Woodbine, Carroll Co. Md.**Location... **C. M. Waltz**18. Funeral director... **Winfield, Md.**Address... **Stanley Grabill**19. Date rec'd by registrar... **4/11/48**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Howard**City or town... **Watersville**

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH... **April 9, 1948** 19... at **8:30 P.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 8, 1948** 19... to **4/9/48** 19...and that I last saw him... alive on **May 9, 1948** 19... 19...Immediate cause of death... **Coronary Thrombosis** DURATION **2 da**

Due to...

Due to...

Other conditions... **Chr. Myocarditis** 10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations... **none**

Date of op.

Autopsy results... **none**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury

Injured at work?

23. SIGNATURE... **Stanley Grabill**

M. D. or other

Address... **Mt. Airy, Md.** Date signed **4/10/48**

Registrar

RECEIVED
APR 13 1948
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

03045
195

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Howard
City or town near Laurel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 years

Hospital, institution, or street address where death occurred:

High Ridge

How long in hospital or institution?

3. (a) FULL NAME

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Hellie Giddings7. Birth date of deceased (mo., day, yr.) September 28, 1876(b) If alive, give age years8. AGE: Years 71 Months 7 Days 0 If less than one day hrs. min.9. Birthplace Howard Co Md.

(Town, county, and state)

10. Usual occupation Retired foreman11. Industry or business State Roads Commission12. Name George W. Giddings13. Birthplace Maryland14. Maiden name Leanna Griffith15. Birthplace Howard Co Md.16. Informant Mrs. Hellie GiddingsAddress High Ridge, Laurel Md.17. Burial Burial Date thereof April 30, 1948

(month) (day) (year)

Cemetery or crematory Emmanuel CemeteryLocation Scagganille, Maryland18. Funeral director De Witt DonaldsonAddress Laurel, Maryland19. (Date rec'd by registrar) 4/30/48 19 19

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Laurel (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 28 19 48 af 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 4/27/48 19 48 af 48and immediate cause of death Coronary ThrombosisDURATION —Due to Coronary SclerosisDue to Gen. ArtherosclerosisOther conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings or operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. Pearson M. D. or other _____Address Laurel Md. Date signed 4/28/48

RECEIVED

MAY 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03946

CERTIFICATE OF DEATH

938
192
Reg. Dist. No.

1. PLACE OF DEATH:

County HowardCity or town Glendale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Blanche Virginia Hackett

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F.col.Married6. (b) Name of husband or wife Elijah Hackett6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

June 29, 18828. AGE: Years 65 Months 9 Days 23 11 less than one day hrs. min.9. Birthplace Md. (Town, county, and state)10. Usual occupation House wife11. Industry or business at Home12. Name Abraham Porter13. Birthplace Md.14. Maiden name Harriet Smith15. Birthplace Md.16. Informant Mr. Elijah HackettAddress Glendale, Md.17. Burial Buried Date thereof Apr. 20 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory Bushy Park CemeteryLocation Cooksville, Md.18. Funeral director C. Harry WeeAddress Sykesville, Md.19. Apr. 23 1948 (Date rec'd by registrar)Alice M. Scott

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HowardCity or town Glendale (If outside city or town limits, write RURAL and give nearest town)Street No. Power Roads

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1948 at 7:30 P.M.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from April 21 1948 to April 21 1948 and that I last saw her alive on at my home 19Immediate cause of death Cerebral hemorrhage DURATION 10 minDue to Hypertension
arteriosclerotic disease DURATION UnknownDue to Other conditions

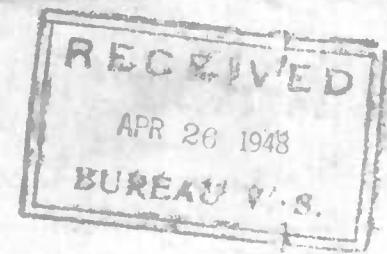
(Include pregnancy within 8 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY23. SIGNATURE Alpha M. HerbertM. D. or other Howard Co. Md. Date signed 4-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03947

186a

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County HavardCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Elizabeth Cardelia Harris

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F W Widowed

6. (b) Name of husband or wife

Charles Harris

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

December 19 18648. AGE: Years 83 Months 3 Days 27 If less than one day

hrs.

min.

9. Birthplace Fredricks Maryland

(Town, county, and state)

10. Usual occupation Hauswif11. Industry or business Home12. Name Leonard Wandy13. Birthplace Maryland14. Maiden name Diminicka Blessing15. Birthplace Maryland16. Informant Mrs. Esther ReelyAddress Savage, Maryland17. Burial Burial Date thereof April 19 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Savage Cem.Location Savage, Maryland18. Funeral director He With DonaldsonAddress Laurel Maryland19. 4/18/48 (Date recd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HavardCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 16th 1948

30 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1st 1948 to April 16th 1948 and that I last saw her alive on April 16th 1948.

Immediate cause of death

Senility

DURATION

1 yr.Due to Arterio - sclerosis, generalized3 yrs.

Duo to

Other conditions Fracture of femur 3 mos.

(Include pregnancy within 3 months of death)

Major findings or operations

✓

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

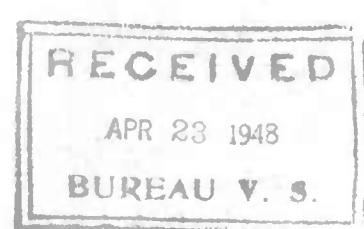
Accident, suicide, or homicide Age Date of 1/21/48Where did injury occur? Savage (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall

Injured at work?

23. SIGNATURE Frank Shigley M.D.

M.D. or other

Address Savage, Md. Date signed 4/18/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03948

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH:

County HowardCity or town Sykesville (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Hannah Hatfield

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

W.WWidowed

6. (b) Name of husband or wife

Thomas P. Hatfield

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 19, 1875

8. AGE:

Years

Months

Days

If less than one day

74 5 26

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

At Home

MOTHER FATHER

12. Name

SchaefferBrewing

13. Birthplace

Md.

14. Maiden name

Sarah G. Thompson

15. Birthplace

Md.

16. Informant

Miss Florence Hatfield

Address

Sykesville, Md.

17. Burial

Date thereof April 17, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Springfield Cemetery

Location

Sykesville, Md.

18. Funeral director

C. Harry Zales

Address

Sykesville, Md.19. April 14, 1948 (Date rec'd by registrar)19. April 14, 1948 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County HowardCity or town Sykesville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 14

1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr. 131948 to Apr. 14 1948and that I last saw her alive on Apr. 13 1948

Immediate cause of death

Coronary Thrombosis

DURATION

1

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

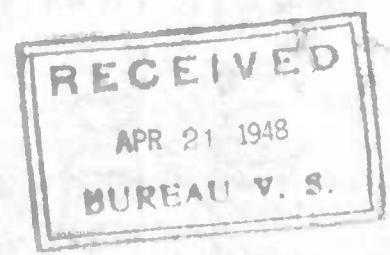
Injured at work?

23. SIGNATURE

H. A. Barnes, M.D.

M. D. or other

Address Sykesville, Md. Date signed 4-15-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03949

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 194

1. PLACE OF DEATH:

County

Howard
Clarksville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

55 years

Hospital, institution, or street address where death occurred:

Near Clarksville

How long in hospital or institution?

3. (a) FULL NAME

Margaret Hewitt Nichols

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widow

8. (b) Name of husband or wife

Thomas Guy Nichols
Deceased

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

August 24, 1873

8. AGE:

Years
74Months
7Days
8If less than one day
hrs. min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

Housewife

11. Industry or business

MOTHER

12. Name

Richard Hewitt

13. Birthplace

England

14. Maiden name

Julia Dowling

15. Birthplace

Ireland

16. Informant

Mrs. Margaret Leat

Address

Clarksville, Md.

Business

Date thereof
(month) (day) (year)
Apt. 3, 1948

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Louis Cemetery

Location

Clarksville, Md.

18. Funeral director

Easton Sons

Address

Ellicott City, Md.

19. (Date rec'd by registrar)

Date

Apr 2 1948

Name

Margie C. Whitaker

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Clarksville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Clarksville

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1948 12:30 P.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15

1946 to

April 1 1948

and that I last saw her alive on

March 31

1948

Immediate cause of death

acute cardiac failure

DURATION

5 mins

Due to coronary artery occlusion

5 mins

Due to

Other conditions hypertension cardiovascular
renal disease

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

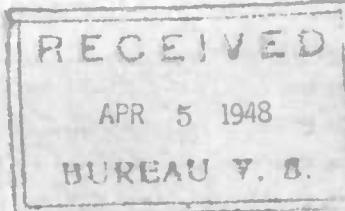
Means of injury

Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Address Clarksville, Md. Date signed 4-2-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03950

CERTIFICATE OF DEATH

Reg. Dist. No. 192

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Howard
County.....
Mayfield

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

4 months

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
ALFRED N. PEUGH

4. Sex
Male | 5. Color or race
White | 6. (a) Single, married, widowed, or divorced
Single

8. (b) Name of husband or wife.....

7. Birth date of
deceased (mo., day, yr.)
Feb'y 15, 1912

8. AGE: Years
36 | Months
1 | Days
24 | If less than one day
..... hrs. min.

Howard Co. Md.
9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....
Carpenter

11. Industry or business.....

12. Name.....
Uriah W. Peugh
13. Birthplace.....
Maryland

14. Maiden name.....
Lucy Warfield
15. Birthplace.....
Maryland

16. Informant.....
Mr. Uriah W. Peugh
Address.....
Ellicott City, Md.

17. Burial.....
(Burial, cremation, or removal. Which?)
Date thorof.....
4-13-48
Cemetery or crematory.....
Jennings Chapel

Location.....
Florence, Howard Co. Md.

18. Funeral director.....
C. M. Waltz
Address.....
Winfield, Md.

19.死 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland | County..... Howard

City or town..... Mayfield
(If outside city or town limits, write RURAL and give nearest town)

Street No..... Rural -- Ellicott City
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH
April 9 1948 at

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
April 10 1948 to April 10 1948

and that I last saw him alive on at no time 19

Immediate cause of death.....

Acute myocardial degeneration 2 hrs

Due to.....

Acute alcoholism 1 day

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

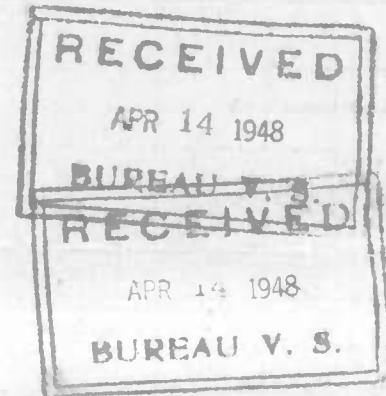
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address..... Ellicott City, Md. Date signed..... 4-10-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03951

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:

County HowardCity or town Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrsHospital, Institution, or street address where death occurred: Dorsey Rd.

How long in hospital or institution?

3. (a) FULL NAME

Alan Thurber Phelps4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Elvira Phelps6. (c) If alive, give age 58 years7. Birth date of deceased (mo., day, yr.) Nov. 21 18898. AGE: Years 39Months 5Days 0

If less than one day

hrs. min. 9. Birthplace Laurel and

(Town, county, and state)

10. Usual occupation Welder11. Industry or business B. & O. R.R.12. Name Edwin S. Phelps13. Birthplace Unknown14. Maiden name Savilla Savell15. Birthplace Unknown16. Informant Mrs. Elvira PhelpsAddress Dorsey Rd, Elkridge17. Burial Burial

(Burial, cremation, or removal. Which?)

Date thereof April 24 1948

(month) (day) (year)

Cemetery or crematory Meadowridge Mem. ParkLocation Dorsey, Maryland18. Funeral director Mr. Witt DonaldsonAddress Laurel, Maryland19. Date April 22 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County Howard

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. Dorsey Rd

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

705-07-6454

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 21 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr 14 1948 to Apr 21 1948
and that I last saw him alive on Apr 15 1948

Immediate cause of death

acute coronary
occlusion
Due to ob. ang. conditio 10 yrsDue to General Arterial
clerosis 10 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

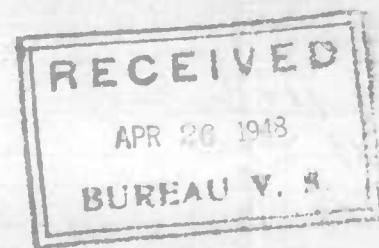
Means of injury

Injured at work?

23. SIGNATURE B. B. Bumbough

M. D. or other

Address Elkridge and Date signed 4/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03952
93d

CERTIFICATE OF DEATH

Reg. Diet. No.

1. PLACE OF DEATH:

County Howard City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Robert Howard Ring4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife Eliza Irene Ring7. Birth date of deceased (mo. day, yr.) Sept 11, 1857 8. (c) If alive, give age years8. AGE: Years 90 Months 8 Days 11 If less than one day hrs. min.9. Birthplace Baltimore (Town, county, and state)10. Usual occupation Farmer11. Industry or business Farmer12. Name David Ring13. Birthplace Cleveland14. Maiden name Eliza Coples15. Birthplace England16. Informant Mrs. J. Miller CarterAddress 5101 Maple Park Ave., Relay, Md.17. BURIAL Date thereof 4/26/48
(Burial, cremation, or removal: Which?) Burial (month) days (year)Cemetery or crematory Lawn ParkLocation Baltimore, Md.18. Funeral director Wm. H. Tichman & SonsAddress Baltimore, Md.19. 4/24 1948 Albert L. Elpern
(Date registered by registrar) Transcribed Register

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BaltimoreCity or town Ridley (If outside city or town limits, write RURAL and give nearest town)Street No. 4801 Ruby Ave
(If rural, give LOCATION)2. (a) If veteran, name war None3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 22 194821. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 17 to Apr 22 1948and that I last saw him alive on Apr 22 1948Immediate cause of death MyocardialcardiopneumoniaDue to 3 pulmonary embolismDue to General Arteritis 10750Other conditions seizures(Include pregnancy within 8 months of death) 10750

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. B. Brumley 4/23/48Address Elmwood Date signed 4/23/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03953

195

Reg. Dist. No. 164a

1. PLACE OF DEATH:

County HagerstownCity or town Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Harry Welch

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M W Widowed

6. (b) Name of husband or wife

Eldarus E. Welch

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

September 29, 1871

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>26</u>	hrs. min.

9. Birthplace Savage, Indiana

(Town, county, and state)

10. Usual occupation retired farmer11. Industry or business farm12. Name son, Andy Welch13. Birthplace Indiana14. Maiden name unknown15. Birthplace unknown16. Informant Lester K. WelchAddress Savage, Maryland17. Burial Date thereof April 28, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Masonic CemeteryLocation Savage, Indiana18. Funeral director De Witt DonaldsonAddress Savage, Maryland19. 4/28/48 (Date rec'd by registrar) Frank Shuler (Signature)
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State IndianaCounty GrantCity or town Savage, Indiana

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 25 4821. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 48 to April 25 48 and that I last saw him alive on at Mr. Tom.

Immediate cause of death

Suffocation DURATION 10 min

Due to

Hanging

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4-25-48Where did injury occur? Savage, Maryland (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Hanging Injured at work? No23. SIGNATURE Alpha H. Herbert M.D. DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Ellicott City, Maryland Date signed 4-25-48

